10/11/2016 13 : 50

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FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation Nintzel, James, Scott, ,	
(b) Address (number and street) check if different than previously reported 2142 Park Ave	
(c) City, State and ZIP Code	O FFO Identification Number
White Bear Township MN 55110	3. FEC Identification Number
	C C90016486
2. Occupation and Name of Employer (for Individual Filers Only)	C C90016466
retired	
4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report 24-Hour Report January 31 Year-End Report b) Is this Report an amendment? FROM 5. COVERING PERIOD: FROM THROUGH April 15 Quarterly Report 24-Hour Report 48-Hour Report 48-Hour Report 48-Hour Report 48-Hour Report 49-10-10-10-10-10-10-10-10-10-10-10-10-10-	M / D D / Y Y Y Y Y
6. TOTAL CONTRIBUTIONS	393.71
7. TOTAL INDEPENDENT EXPENDITURES	393.71
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation of, any candidate or authorized committee or agent of either, or any political party committee or its agent.	, or concert with, or at the request or suggestion
-	DATE ectronically Filed]
Nintzel, James, Scott, , Nintzel, James, Scott, ,	10/09/2016
NOTE OF THE COLUMN TO THE COLU	
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to	o the penalties of 2 U.S.C. §437g.

SCHEDULE 5-A ITEMIZED RECEIPTS

PAGE	2	OF	3

	and Statements may not be sold or used by any peng the name and address of any political committee	
NAME OF FILER (In Full) Nintzel, James, Scott, ,	S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
A. Full Name (Last, First, Middle Initial)		
Nintzel, James, Scott, ,		Date of Receipt
Mailing Address 2142 Park Ave		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : F56.000001
White Bear Township	MN 55110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	393.71
Name of Employer	Occupation	ו
retired		
3. Full Name (Last, First, Middle Initial)		
		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	1
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	_
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	Authorities and Authorities an
Name of Employer	Occupation	
Full Name (Last, First, Middle Initial)		
Mailing Address		Date of Receipt
aming / taarooo		M M / D D / Y Y Y Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	1
SUBTOTAL of Receipts This Page (option	al)	▶ 393.71
		4 4
IUIAL This Period (last page carry total t	o Line 6)	▶ 393.71

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 3 FOR LINE 7 OF FORM 5

AME OF FILER (In Full) Nintzel, James, Scott, ,	
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Nintzel, James, Scott, ,	09 30 2016
Mailing Address 2142 Park Ave	Amount
City State Zip Code	
White Bear Township MN 55110	393.71 Transaction ID : F57.000001
Purpose of Expenditure Category/ Type 004	Office Sought: House State: MN Senate District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: McCollum, Betty, , ,	President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2016 Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Mailing Address	M = M / D = D / Y = Y = Y
	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Office Sought: House State:
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y M Y M Y M Y
Mailing Address	Amount
City State Zip Code	Amount
State Zip code	
Purpose of Expenditure Category/ Type	Office Sought: House State:
Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District: President
The state of the s	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	393.71
(b) SUBTOTAL of Unitemized Independent Expenditures	····· >
(c) TOTAL Independent Expenditures	393.71